

UNITED STATES DISTRICT COURT

District of **Massachusetts**

Daniel L. Simon,

V.

SUMMONS IN A CIVIL CASE

Choice Hotels International, Inc.,
New England Resort Management, LLC
d/b/a Clarion Nantasket Beach Hotel
Ferdinand J. Kiley.

CASE NUMBER:

04-10716 RWZ

TO: (Name and address of Defendant)

Any Officer, Managing or General Agent
New England Resort Management, LLC
d/b/a Clarion Nantasket Beach Hotel
538 Nantasket Avenue
Hull, MA 02045

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

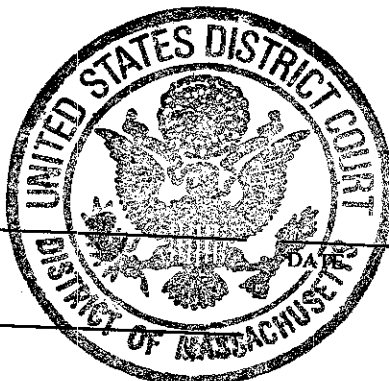
Paul F. Wood
Law Office of Paul F. Wood, P.C.
45 Bowdoin Street
Boston, MA 02114

(617) 532-2666

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK



(By) DEPUTY CLERK

4-9-04



Plymouth County Sheriff's Department • P.O. Box 1663 • Brockton, MA 02303 • 580-2110
 Plymouth, ss.

I hereby certify and return that on 4/15/2004 at 03:30 pm I served a true and attested copy of the summons and complaint with jury demand in this action in the following manner: To wit, by delivering in hand to Barbara Kiley, agent, person in charge at the time of service for New England Resort Management, LLC, d/b/a Clarion Nantasket Beach Hotel, at , 538 Nantasket Avenue, Hull, MA 02045. P&H (no mailing) (\$1.00), Attest (1 copy) (\$5.00), Basic Service Fee (\$30.00), Conveyance (\$4.50), Travel (\$12.80) Total Charges \$53.30

April 20, 2004

Deputy Sheriff Robert C. Greek

Robert C. Greek
 Deputy Sheriff

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

 Signature of Server

 Address of Server

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Any Officer, Managing or General Agent Choice Hotels International, Inc. 10750 Columbia Pike Silver Spring, MD 20901</p>		<p>B. Received by (Printed Name) X O</p> <p>C. Date of Delivery 4/14/04</p>	
<p>2. Article Number: (Transfer from service label) 7001 1940 0005 3542 1183</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-00-M-1540</p>			

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
SILVER SPRING, MD 20901	
Postage	\$ 0.60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.65
UNIT ID: 0009	
Postmark Here	
Clerk: KCPKHM	
04/12/04	
Sent To	
Choice Hotels Int'l, Inc.	
Street, Apt. No., or PO Box No. 10750 Columbia Pike	
City, State, ZIP+4 Silver Spring, MD 20901	
PS Form 3800, January 2001	
See Reverse for Instructions	